

Fill in this information to identify the case:

Debtor name Unique Fitness Concepts , LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) 24-01183

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

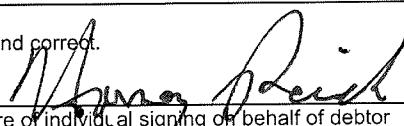
Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)  
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)  
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)  
 Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)  
 Schedule H: Codebtors (Official Form 206H)  
 Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)  
 Amended Schedule  
 Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)  
 Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 27, 2024

X

Signature of individual signing on behalf of debtor



Harvey Reich

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Unique Fitness Concepts , LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) 24-01183

Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
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3.1. <u>First American Bank</u>	<u>Checking</u>	<u>9710</u>	<u>\$1,477.20</u>
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3.2. <u>Fifth Third Bank</u>	<u>Checking</u>	<u>6112</u>	<u>\$1,045.17</u>
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4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,522.37

#### Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

#### Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**



Debtor	Unique Fitness Concepts , LLC Name	Case number ( <i>If known</i> )	24-01183	
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> Desks and Chairs	\$0.00		\$200.00
40.	<b>Office fixtures</b>			
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software</b> Computers, Telephones, Computer Monitors etc.	\$0.00		\$500.00
42.	<b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	<b>Total of Part 7.</b> Add lines 39 through 42. Copy the total to line 86.			\$700.00
44.	<b>Is a depreciation schedule available for any of the property listed in Part 7?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
45.	<b>Has any of the property listed in Part 7 been appraised by a professional within the last year?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Part 8: Machinery, equipment, and vehicles</b>				
46.	<b>Does the debtor own or lease any machinery, equipment, or vehicles?</b>	<input type="checkbox"/> No. Go to Part 9. <input checked="" type="checkbox"/> Yes Fill in the information below.		
	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> Fitness Equipment	\$0.00	N/A	\$20,000.00

51.	<b>Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.	\$20,000.00
52.	<b>Is a depreciation schedule available for any of the property listed in Part 8?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
53.	<b>Has any of the property listed in Part 8 been appraised by a professional within the last year?</b>	<input checked="" type="checkbox"/> No

Debtor Unique Fitness Concepts , LLC  
Name

Case number (*If known*) 24-01183

Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

No. Go to Part 10.  
 Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

safewellmedical.com

\$0.00

\$0.00

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

Debtor Unique Fitness Concepts , LLC  
Name

Case number (*If known*) 24-01183

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$2,522.37</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$2,590.97</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$10,000.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$700.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$20,000.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> .....>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$35,813.34</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$35,813.34</u>

Fill in this information to identify the case:

Debtor name Unique Fitness Concepts , LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOISCase number (if known) 24-01183 Check if this is an amended filingOfficial Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	Bankers Healthcare Group, LLC		
Creditor's Name			
3700 Lakeside Dr. Miramar, FL 33027-3264	Describe debtor's property that is subject to a lien	\$94,343.04	\$0.00
Creditor's mailing address			
Creditor's email address, if known	Describe the lien		
Date debt was incurred	Is the creditor an insider or related party?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> No		
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	As of the petition filing date, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
2.2	BMO Bank N.A.		
Creditor's Name	Describe debtor's property that is subject to a lien	\$36,320.65	\$0.00
111 W. Monroe St. 5 East Chicago, IL 60603			
Creditor's mailing address	Describe the lien		
Creditor's email address, if known	Is the creditor an insider or related party?		
Date debt was incurred	<input checked="" type="checkbox"/> No		
Last 4 digits of account number	<input type="checkbox"/> Yes		
Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> No		
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	As of the petition filing date, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		

Debtor Unique Fitness Concepts , LLC \_\_\_\_\_ Case number (if known) 24-01183 \_\_\_\_\_

2.3	<b>Cloudfund LLC</b>	<b>Describe debtor's property that is subject to a lien</b>	<u>\$61,920.00</u>	<u>\$0.00</u>
<p>Creditor's Name 400 Rella Blvd. Suite 165-101 Suffern, NY 10901</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b> 9/29/2022</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.         </p> <p><b>As of the petition filing date, the claim is:</b>            Check all that apply  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </p>				
2.4	<b>Foundation Group, LLC</b>	<b>Describe debtor's property that is subject to a lien</b>	<u>\$47,000.00</u>	<u>\$0.00</u>
<p>Creditor's Name 11501 Sunset Hills Road Suite 100 Reston, VA 20190</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.         </p> <p><b>As of the petition filing date, the claim is:</b>            Check all that apply  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </p>				
2.5	<b>Goldman Sachs Bank USA</b>	<b>Describe debtor's property that is subject to a lien</b>	<u>\$125,000.00</u>	<u>\$0.00</u>
<p>Creditor's Name 222 South Main Street Salt Lake City, UT 84101</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No         </p> <p><b>As of the petition filing date, the claim is:</b>            Check all that apply  <input type="checkbox"/> Contingent         </p>				

Debtor Unique Fitness Concepts , LLC Case number (if known) 24-01183 Yes. Specify each creditor, including this creditor and its relative priority. Unliquidated  
 Disputed**2.6** Kapitus Servicing, Inc. **Describe debtor's property that is subject to a lien** \$324,978.12 **\$0.00**Creditor's Name  
2500 Wilson Blvd.  
Suite 350  
Arlington, VA 22201

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number**  
3081**Do multiple creditors have an interest in the same property?** No  
 Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**Check all that apply  
 Contingent  
 Unliquidated  
 Disputed**2.7** Rocket Capital NY LLC **Describe debtor's property that is subject to a lien** \$35,000.00 **\$0.00**Creditor's Name  
7288 Hanover Green Dr.  
Ste A  
Mechanicsville, VA  
23111-1709

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?** No  
 Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**Check all that apply  
 Contingent  
 Unliquidated  
 Disputed**3.** **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** \$724,561.81**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Christopher J. Cali  
201 Solar St.  
Syracuse, NY 13204Line 2.1

Debtor Unique Fitness Concepts , LLC  
Name

Case number (if known) 24-01183

Fill in this information to identify the case:

Debtor name Unique Fitness Concepts , LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOISCase number (if known) 24-01183 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> Amazon Prime Lending Inc 3818 S. Broadway St. Los Angeles, CA 90037  <b>Date(s) debt was incurred</b> <u>9/19/2022</u> <b>Last 4 digits of account number</b> <u>_</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$150,000.00</u>
3.2	<b>Nonpriority creditor's name and mailing address</b> Carlson Dash, LLC 216 S. Jefferson St. Suite 303 Chicago, IL 60661  <b>Date(s) debt was incurred</b> <u>_</u> <b>Last 4 digits of account number</b> <u>R473</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.3	<b>Nonpriority creditor's name and mailing address</b> Chicago Infill Industrial Properties LP 4 Embarcadero Ctr. Suite 814 San Francisco, CA 94111  <b>Date(s) debt was incurred</b> <u>2023</u> <b>Last 4 digits of account number</b> <u>_</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Eviction Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$58,131.09</u>
3.4	<b>Nonpriority creditor's name and mailing address</b> Chris S. Wunder 180 N. LaSalle St. Suite 2108 Chicago, IL 60601  <b>Date(s) debt was incurred</b> <u>_</u> <b>Last 4 digits of account number</b> <u>_</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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3.5	Nonpriority creditor's name and mailing address Invacare Corp. One Invacare Way Elyria, OH 44035  Date(s) debt was incurred <u>2023</u>  Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,946.70
3.6	Nonpriority creditor's name and mailing address Max Recovery Group 55 Broadway 3rd Floor New York, NY 10006  Date(s) debt was incurred <u>2022</u>  Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Notice Only</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address Medline Industries, LP Three Lakes Dr. Winnetka, IL 60093  Date(s) debt was incurred <u>2023</u>  Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
3.8	Nonpriority creditor's name and mailing address Nguyen   Ballato 2201 Libbie Ave.  Richmond, VA 23230  Date(s) debt was incurred <u>2024</u>  Last 4 digits of account number <u>2229</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Notice Only</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address Select Funding c/o Joshua J. Provost Capital Resource International 25852 McBean Pkwy - Suite 801 Santa Clarita, CA 91355  Date(s) debt was incurred <u>  </u>  Last 4 digits of account number <u>5552</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,053.35
3.10	Nonpriority creditor's name and mailing address The Klein Firm LLC 1820 Swarthmore Ave #714 Lakewood, NJ 08701  Date(s) debt was incurred <u>  </u>  Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Notice Only</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.11	Nonpriority creditor's name and mailing address Wagento Creative LLC 5721 Merle Hay Rd Suite 22 Johnston, IA 50131-3300  Date(s) debt was incurred <u>2022</u>  Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Website Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor Unique Fitness Concepts , LLC  
Name

Case number (if known) 24-01183

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Corporation Service Company 300 Deschutes Way SW Suite 304 Ravensdale, WA 98051	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	The CKB Firm 30 North LaSalle St. Suite 1520 Chicago, IL 60602	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b.	+ \$ <u>362,131.14</u>
5c.	\$ <u>362,131.14</u>

Fill in this information to identify the case:

Debtor name Unique Fitness Concepts , LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) 24-01183

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

\_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

\_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

\_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

\_\_\_\_\_

Fill in this information to identify the case:

Debtor name Unique Fitness Concepts , LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) 24-01183

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Harvey Reich	276 Noble Circle Vernon Hills, IL 60061	Kapitus Servicing, Inc.	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Harvey Reich	276 Noble Circle Vernon Hills, IL 60061	Cloudfund LLC	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Harvey Reich	276 Noble Circle Vernon Hills, IL 60061	BMO Bank N.A.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Harvey Reich	276 Noble Circle Vernon Hills, IL 60061	Rocket Capital NY LLC	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Harvey Reich	276 Noble Circle Vernon Hills, IL 60061	Bankers Healthcare Group, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.6	Lori Reich	276 Noble Circle Vernon Hills, IL 60061	Cloudfund LLC	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Unique Fitness Concepts , LLC

Case number (*if known*) 24-01183

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

*Column 1: Codebtor*

*Column 2: Creditor*

2.7 Lori Reich 276 Noble Circle Vernon Hills, IL 60061 Goldman Sachs Bank USA  D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.8 Lori Reich 276 Noble Circle Vernon Hills, IL 60061 BMO Bank N.A.  D 2.2  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.9 Lori Reich 276 Noble Circle Vernon Hills, IL 60061 Bankers Healthcare Group, LLC  D 2.1  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_